

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
TO BE RETAINED BY THE HOSPITAL OR ATTENDING PHYSICIAN.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
15M 9/59

7175
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

07164

1. PLACE OF DEATH a. COUNTY St. Marys MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY St. Marys			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown				c. LENGTH OF STAY IN 1b X			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION St. Marys Hospital				e. STREET ADDRESS Rural			
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or print) First Joseph Middle Campbell Last Campbell				4. DATE OF DEATH Month June Day 23 Year 19 61			
5. SEX male		6. COLOR OR RACE colored		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 6, 1907	
9. AGE (In years lost birthday) 53 yrs.		IF UNDER 1 YEAR Months 53 Days 23 Hours 19 Min. 61		IF UNDER 24 HRS. Months 53 Days 23 Hours 19 Min. 61			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY Store		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME George Campbell				14. MOTHER'S MAIDEN NAME Julia Johnson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. -----			
17. INFORMANT James Campbell - Hollywood, Md.				Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Lung (Right) 163X DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the <u>underlying</u> cause lost. (b) DUE TO (c) 2-3 mo INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19				20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
20f. (City or town) (County) (State)							
21. I certify that (I) (this hospital) attended the deceased from 15 June 1961 to 23 June 1961 , that (I) (<u>we</u>) last saw the deceased alive on 23 June 1961 , and that death occurred at 6:10 M, from the causes and on the date stated above.							
22a. SIGNATURE Ernest Rehm, MD				22b. DATE SIGNED 6/24/61			
22c. PHYSICIAN'S NAME (Type) Ernest Rehm, MD				22d. ADDRESS Leonardtown, Md.			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial				23b. DATE THEREOF 6/27/61		23c. NAME OF CEMETERY OR CREMATORY Holy Face Cemetery	
23d. LOCATION (City, town, or county) (State) Great Mills, Md.							
24. FUNERAL DIRECTOR'S SIGNATURE P. B. ROBINSON				25a. REC'D BY REGISTRAR JUN 28 '61		25b. REGISTRAR'S SIGNATURE Charles L. Kraus	
25c. ADDRESS LEONARDTOWN, Md.							

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be completed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH											
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND											
7176											
07165											
1. PLACE OF DEATH a. COUNTY St. Mary's MARYLAND						2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Maryland b. COUNTY St. Mary's					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtwn						c. LENGTH OF STAY IN lb 2 days					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) St. Mary's Hospital						c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Great Mills					
3. NAME OF DECEASED (Type or print) Margaret L. Dyson						4. DATE OF DEATH Month June Day 22 , Year 19 61					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 12, 1885		9. AGE (In years last birthday) 75 yrs.		IF UNDER 1 YEAR Months 1 Days 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Home				11. BIRTHPLACE (County & State, or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James A. Watts						14. MOTHER'S MAIDEN NAME Margaret Elizabeth Martin					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no						16. SOCIAL SECURITY NO. none					
17. INFORMANT Brent Dyson						Address St. Mary's City, Maryland					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))											
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular Fibrillation DUE TO Coronary insufficiency Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. Bilateral bronchopneumonia DUE TO days											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) INTERVAL BETWEEN ONSET AND DEATH min											
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 p.m.						20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>					
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)						20f. (City or town) (County) (State)					
21. I certify that (I) (this hospital) attended the deceased from April 1961 to June 22 1961 , that (I) (we) last saw the deceased alive on 6/23/61 , and that death occurred at 9:45 AM , from the causes and on the date stated above.											
22a. SIGNATURE James P. Jarboe M.D.						22b. DATE SIGNED June 22 1961					
22c. PHYSICIAN'S NAME (Type) James P. Jarboe M.D.						22d. ADDRESS Great Mills, Maryland					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial						23b. DATE THEREOF 6/26/61		23c. NAME OF CEMETERY OR CREMATORY Holy Face Cemetery		23d. LOCATION (City, town or county) (State) Great Mills, Md.	
24. FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley						25a. REC'D BY REGISTRAR JUN 28 '61					
ADDRESS Leonardtwn, Maryland						25b. REGISTRAR'S SIGNATURE Charles L. Hume					

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 4 hours after death. Page 4
TO BE RETAINED BY THE HOSPITAL OR ATTENDING PHYSICIAN.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY St. Marys MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY St. Marys	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lexington Park		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lexington Park	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS	
3. NAME OF DECEASED (Type or print) First VERNON Middle - Last HARDIN		4. DATE OF DEATH Month June Day 22 Year 1961	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12/10/1905
9. AGE (In years lost birthday) 55 / 56 yrs.		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor		10b. KIND OF BUSINESS OR INDUSTRY Construction	
11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Thomas Hardin		14. MOTHER'S MAIDEN NAME Dakota Boone	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 263 26 4599	
17. INFORMANT Frances L. Hardin - Lexington Park, Md.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular Fibrillation DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost. (b) Myocardial Infarction DUE TO (c) ASICVD PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Chronic Cholecystitis			
INTERVAL BETWEEN ONSET AND DEATH min min hrs			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from JULY 1960 to JUNE 22 1961 , that (I) (we) last saw the deceased alive on JUNE 22 1961 , and that death occurred at 10:15 PM , from the causes and on the date stated above.			
22a. SIGNATURE James P. Jarboe		22b. DATE 6/23/61	
22c. PHYSICIAN'S NAME (Type) James P. Jarboe, MD		22d. ADDRESS Great Mills, Maryland	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 6/26/61	
23c. NAME OF CEMETERY OR CREMATORY Ebenezer Cemetery		23d. LOCATION (City, town, or county) (State) Great Mills, Maryland	
24. FUNERAL DIRECTOR'S SIGNATURE P.B. Robinson - Leonardtown, Md.		25a. REC'D BY REGISTRAR DATE JUN 27 '61	
25b. REGISTRAR'S SIGNATURE Arthur S. Hines			

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be completed within 24 hours after death. Pages 1 and 2 should be filled in by the attending physician and completely filled in by the funeral director. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
7178
CERTIFICATE OF DEATH
07167

1. PLACE OF DEATH a. COUNTY St. Mary's MARYLAND		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY St. Mary's	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Mechanicsville		c. LENGTH OF STAY IN 1b 13 yrs	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)		d. STREET ADDRESS Rural Mechanicsville	
3. NAME OF DECEASED (Type or print) First Eleanor Middle Virginia Last Lawrence		4. DATE OF DEATH Month June Day 24 Year 19 61	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 15, 1945
9. AGE (In years last birthday) 15 yrs.		IF UNDER 1 YEAR Months 15 Days 15 Hours 15 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School child		10b. KIND OF BUSINESS OR INDUSTRY Abell, Maryland	
11. BIRTHPLACE (County & State, or foreign country) U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME Francis M. Lawrence		14. MOTHER'S MAIDEN NAME Anna Mae Nelson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give year or dates of service)		16. SOCIAL SECURITY NO. Father	
17. INFORMANT Same as # 2		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rhabdomyosarcoma, chest wall 197.1 DUE TO Conditions, if any, which gave rise to immediate cause (b) (a), stating the underlying cause last. (c) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 6 mos	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that (I) (this hospital) attended the deceased from Feb 1961 to June 24, 1961 , that he was last saw the deceased alive on 6/23/61 , and that death occurred at 7:00 M, from the causes and on the date stated above.		22a. SIGNATURE J. Roy Gwyther, M.D.	
22b. DATE SIGNED 6/27/61		22c. PHYSICIAN'S NAME (Type) J. Roy Gwyther, M.D.	
22d. ADDRESS Mechanicsville, Maryland		22e. REC'D BY REGISTRAR DATE JUN 28 '61	
22f. REGISTRAR'S SIGNATURE Arthur L. Kenna		22g. NAME OF CEMETERY OR CREMATORY St. Joseph	
22h. LOCATION (City, town or county) (State) Morganza, Md.		22i. DATE THEREOF 6/27/61	
22j. BURIAL, CREMATION, REMOVAL (Specify) Burial		22k. FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley	
22l. ADDRESS Leonardtwn, Maryland		22m. REC'D BY REGISTRAR DATE JUN 28 '61	
22n. REGISTRAR'S SIGNATURE Arthur L. Kenna		22o. NAME OF CEMETERY OR CREMATORY St. Joseph	
22p. LOCATION (City, town or county) (State) Morganza, Md.		22q. DATE THEREOF 6/27/61	
22r. BURIAL, CREMATION, REMOVAL (Specify) Burial		22s. FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley	
22t. ADDRESS Leonardtwn, Maryland		22u. REC'D BY REGISTRAR DATE JUN 28 '61	
22v. REGISTRAR'S SIGNATURE Arthur L. Kenna		22w. NAME OF CEMETERY OR CREMATORY St. Joseph	
22x. LOCATION (City, town or county) (State) Morganza, Md.		22y. DATE THEREOF 6/27/61	
22z. BURIAL, CREMATION, REMOVAL (Specify) Burial		22aa. FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley	
22ab. ADDRESS Leonardtwn, Maryland		22ac. REC'D BY REGISTRAR DATE JUN 28 '61	
22ad. REGISTRAR'S SIGNATURE Arthur L. Kenna		22ae. NAME OF CEMETERY OR CREMATORY St. Joseph	
22af. LOCATION (City, town or county) (State) Morganza, Md.		22ag. DATE THEREOF 6/27/61	
22ah. BURIAL, CREMATION, REMOVAL (Specify) Burial		22ai. FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley	
22aj. ADDRESS Leonardtwn, Maryland		22ak. REC'D BY REGISTRAR DATE JUN 28 '61	
22al. REGISTRAR'S SIGNATURE Arthur L. Kenna		22am. NAME OF CEMETERY OR CREMATORY St. Joseph	
22an. LOCATION (City, town or county) (State) Morganza, Md.		22ao. DATE THEREOF 6/27/61	
22ap. BURIAL, CREMATION, REMOVAL (Specify) Burial		22aq. FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley	
22ar. ADDRESS Leonardtwn, Maryland		22as. REC'D BY REGISTRAR DATE JUN 28 '61	
22at. REGISTRAR'S SIGNATURE Arthur L. Kenna		22au. NAME OF CEMETERY OR CREMATORY St. Joseph	
22av. LOCATION (City, town or county) (State) Morganza, Md.		22aw. DATE THEREOF 6/27/61	
22ax. BURIAL, CREMATION, REMOVAL (Specify) Burial		22ay. FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley	
22az. ADDRESS Leonardtwn, Maryland		22ba. REC'D BY REGISTRAR DATE JUN 28 '61	
22bb. REGISTRAR'S SIGNATURE Arthur L. Kenna		22bc. NAME OF CEMETERY OR CREMATORY St. Joseph	
22bd. LOCATION (City, town or county) (State) Morganza, Md.		22be. DATE THEREOF 6/27/61	
22bf. BURIAL, CREMATION, REMOVAL (Specify) Burial		22bg. FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley	
22bh. ADDRESS Leonardtwn, Maryland		22bi. REC'D BY REGISTRAR DATE JUN 28 '61	
22bj. REGISTRAR'S SIGNATURE Arthur L. Kenna		22bk. NAME OF CEMETERY OR CREMATORY St. Joseph	
22bl. LOCATION (City, town or county) (State) Morganza, Md.		22bm. DATE THEREOF 6/27/61	
22bn. BURIAL, CREMATION, REMOVAL (Specify) Burial		22bo. FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley	
22bp. ADDRESS Leonardtwn, Maryland		22bq. REC'D BY REGISTRAR DATE JUN 28 '61	
22br. REGISTRAR'S SIGNATURE Arthur L. Kenna		22bs. NAME OF CEMETERY OR CREMATORY St. Joseph	
22bt. LOCATION (City, town or county) (State) Morganza, Md.		22bu. DATE THEREOF 6/27/61	
22bv. BURIAL, CREMATION, REMOVAL (Specify) Burial		22bw. FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley	
22bx. ADDRESS Leonardtwn, Maryland		22bq. REC'D BY REGISTRAR DATE JUN 28 '61	
22bz. REGISTRAR'S SIGNATURE Arthur L. Kenna		22c0. NAME OF CEMETERY OR CREMATORY St. Joseph	
22c1. LOCATION (City, town or county) (State) Morganza, Md.		22c2. DATE THEREOF 6/27/61	
22c3. BURIAL, CREMATION, REMOVAL (Specify) Burial		22c4. FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley	
22c5. ADDRESS Leonardtwn, Maryland		22c6. REC'D BY REGISTRAR DATE JUN 28 '61	
22c7. REGISTRAR'S SIGNATURE Arthur L. Kenna		22c8. NAME OF CEMETERY OR CREMATORY St. Joseph	
22c9. LOCATION (City, town or county) (State) Morganza, Md.		22ca. DATE THEREOF 6/27/61	
22cb. BURIAL, CREMATION, REMOVAL (Specify) Burial		22cc. FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley	
22cd. ADDRESS Leonardtwn, Maryland		22ce. REC'D BY REGISTRAR DATE JUN 28 '61	
22cd. REGISTRAR'S SIGNATURE Arthur L. Kenna		22cf. NAME OF CEMETERY OR CREMATORY St. Joseph	
22ce. LOCATION (City, town or county) (State) Morganza, Md.		22cf. DATE THEREOF 6/27/61	
22cf. BURIAL, CREMATION, REMOVAL (Specify) Burial		22cg. FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley	
22cf. ADDRESS Leonardtwn, Maryland		22cf. REC'D BY REGISTRAR DATE JUN 28 '61	
22cf. REGISTRAR'S SIGNATURE Arthur L. Kenna		22cf. NAME OF CEMETERY OR CREMATORY St. Joseph	
22cf. LOCATION (City, town or county) (State) Morganza, Md.		22cf. DATE THEREOF 6/27/61	
22cf. BURIAL, CREMATION, REMOVAL (Specify) Burial		22cf. FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley	
22cf. ADDRESS Leonardtwn, Maryland		22cf. REC'D BY REGISTRAR DATE JUN 28 '61	
22cf. REGISTRAR'S SIGNATURE Arthur L. Kenna		22cf. NAME OF CEMETERY OR CREMATORY St. Joseph	
22cf. LOCATION (City, town or county) (State) Morganza, Md.		22cf. DATE THEREOF 6/27/61	
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22cf. ADDRESS Leonardtwn, Maryland		22cf. REC'D BY REGISTRAR DATE JUN 28 '61	
22cf. REGISTRAR'S SIGNATURE Arthur L. Kenna		22cf. NAME OF CEMETERY OR CREMATORY St. Joseph	
22cf. LOCATION (City, town or county) (State) Morganza, Md.		22cf. DATE THEREOF 6/27/61	
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22cf. ADDRESS Leonardtwn, Maryland		22cf. REC'D BY REGISTRAR DATE JUN 28 '61	
22cf. REGISTRAR'S SIGNATURE Arthur L. Kenna		22cf. NAME OF CEMETERY OR CREMATORY St. Joseph	
22cf. LOCATION (City, town or county) (State) Morganza, Md.		22cf. DATE THEREOF 6/27/61	
22cf. BURIAL, CREMATION, REMOVAL (Specify) Burial		22cf. FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley	
22cf. ADDRESS Leonardtwn, Maryland		22cf. REC'D BY REGISTRAR DATE JUN 28 '61	
22cf. REGISTRAR'S SIGNATURE Arthur L. Kenna		22cf. NAME OF CEMETERY OR CREMATORY St. Joseph	
22cf. LOCATION (City, town or county) (State) Morganza, Md.		22cf. DATE THEREOF 6/27/61	
22cf. BURIAL, CREMATION, REMOVAL (Specify) Burial		22cf. FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley	
22cf. ADDRESS Leonardtwn, Maryland		22cf. REC'D BY REGISTRAR DATE JUN 28 '61	
22cf. REGISTRAR'S SIGNATURE Arthur L. Kenna		22cf. NAME OF CEMETERY OR CREMATORY St. Joseph	
22cf. LOCATION (City, town or county) (State) Morganza, Md.		22cf. DATE THEREOF 6/27/61	
22cf. BURIAL, CREMATION, REMOVAL (Specify) Burial		22cf. FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley	
22cf. ADDRESS Leonardtwn, Maryland		22cf. REC'D BY REGISTRAR DATE JUN 28 '61	
22cf. REGISTRAR'S SIGNATURE Arthur L. Kenna		22cf. NAME OF CEMETERY OR CREMATORY St. Joseph	
22cf. LOCATION (City, town or county) (State) Morganza, Md.		22cf. DATE THEREOF 6/27/61	
22cf. BURIAL, CREMATION, REMOVAL (Specify) Burial		22cf. FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley	
22cf. ADDRESS Leonardtwn, Maryland		22cf. REC'D BY REGISTRAR DATE JUN 28 '61	
22cf. REGISTRAR'S SIGNATURE Arthur L. Kenna		22cf. NAME OF CEMETERY OR CREMATORY St. Joseph	
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22cf. BURIAL, CREMATION, REMOVAL (Specify) Burial		22cf. FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley	
22cf. ADDRESS Leonardtwn, Maryland		22cf. REC'D BY REGISTRAR DATE JUN 28 '61	
22cf. REGISTRAR'S SIGNATURE Arthur L. Kenna		22cf. NAME OF CEMETERY OR CREMATORY St. Joseph	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
7179 **CERTIFICATE OF DEATH** 07163

1. PLACE OF DEATH a. COUNTY St. Mary's b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Patuxent River, Maryland c. LENGTH OF STAY IN 1b 2 HRS 45 MINS d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Station Hospital, USNAS,		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY St. Mary's c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Patuxent River, Maryland d. STREET ADDRESS Patuxent River, Maryland e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Robin First Lee Middle PICKENS Last		4. DATE OF DEATH Month June Day 8 Year 1961	
5. SEX Male	6. COLOR OR RACE Caucasian	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 8, 1961
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Maryland
13. FATHER'S NAME Maurice Eugene PICKENS		14. MOTHER'S MAIDEN NAME Kathryn Jean SNEED	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Father: Maurice Eugene PICKENS 43 Lei Drive, Lexington Park, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PREMATURE BIRTH 774X DUE TO NEONATAL DEATH Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) INTERVAL BETWEEN ONSET AND DEATH 2 HRS 45 MIN			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from June 8 1961 6:45 PM that (I) (we) last saw the deceased alive on June 8 1961 , and that death occurred at 6:45 PM , from the causes and on the date stated above.			
22a. SIGNATURE S. F. Rudolph		22b. DATE June 8, 1961	
22c. PHYSICIAN'S NAME (Type) S. F. RUDOLPH, LT MC USN		22d. ADDRESS Station Hospital, USNAS, Patuxent River, Maryland	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE THEREOF 6/12/61	23c. NAME OF CEMETERY OR CREMATORY Arlington National	23d. LOCATION (City, town, or county) (State) Arlington, Va.
24. FUNERAL DIRECTOR'S SIGNATURE P.B. Robinson - Leonardtown, Md.		25a. REC'D BY REGISTRAR JUN 13 '61	25b. REGISTRAR'S SIGNATURE Arthur S. Howard

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FOR STATE
HEALTH DEPT.

PROPERTY MEDICAL EXAMINER: This certificate shall be executed within 24 hours after death, any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME
5M 7/59

MEDICAL CERTIFICATION

MARYLAND STATE DEPARTMENT OF HEALTH											
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND											
MEDICAL EXAMINER'S CERTIFICATE OF DEATH											
7180 07169											
1. PLACE OF DEATH a. COUNTY St. Marys				2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE Maryland b. COUNTY St. Marys							
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Leonardtown				c. LENGTH OF STAY IN 1b DOA				c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Loveville			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) St. Marys Hospital				d. STREET ADDRESS Rural				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) Joseph Blain Somerville				4. DATE OF DEATH June 3 1961				5. SEX male			
6. COLOR OR RACE colored				7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>				8. DATE OF BIRTH March 24, 1922			
9. AGE (in years last birthday) 39 yrs.				10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance				11. BIRTHPLACE (State or foreign country) Maryland			
12. CITIZEN OF WHAT COUNTRY? USA				13. FATHER'S NAME James B. Somerville				14. MOTHER'S MAIDEN NAME Lucy Scott			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes WW 2				16. SOCIAL SECURITY NO. WW 2				17. INFORMANT Catherine C. Somerville-Loveville, Md.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary infarct DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____ 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>											
20. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. 20a. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 19 20d. INJURY OCCURRED While at work 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) _____ 20f. (City or town) _____ (County) _____ (State) _____											
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>											
CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASS. STANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>											
DATE SIGNED 6/3/61											
ACTUAL SIGNATURE Wm. D. Boyd, MD EXAMINER'S NAME (Type) Leonardtown, Md.											
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial 22b. DATE THEREOF 6/6/61 22c. NAME OF CEMETERY OR CREMATORY St. Joseph's 22d. LOCATION (City, town, or country) Morganza, Maryland											
23. FUNERAL DIRECTOR P.B. Robinson - Leonardtown, Md. ADDRESS _____ 24a. REC'D BY REGISTRAR JUN 6 '61 24b. REGISTRAR'S SIGNATURE Arthur L. Kline											

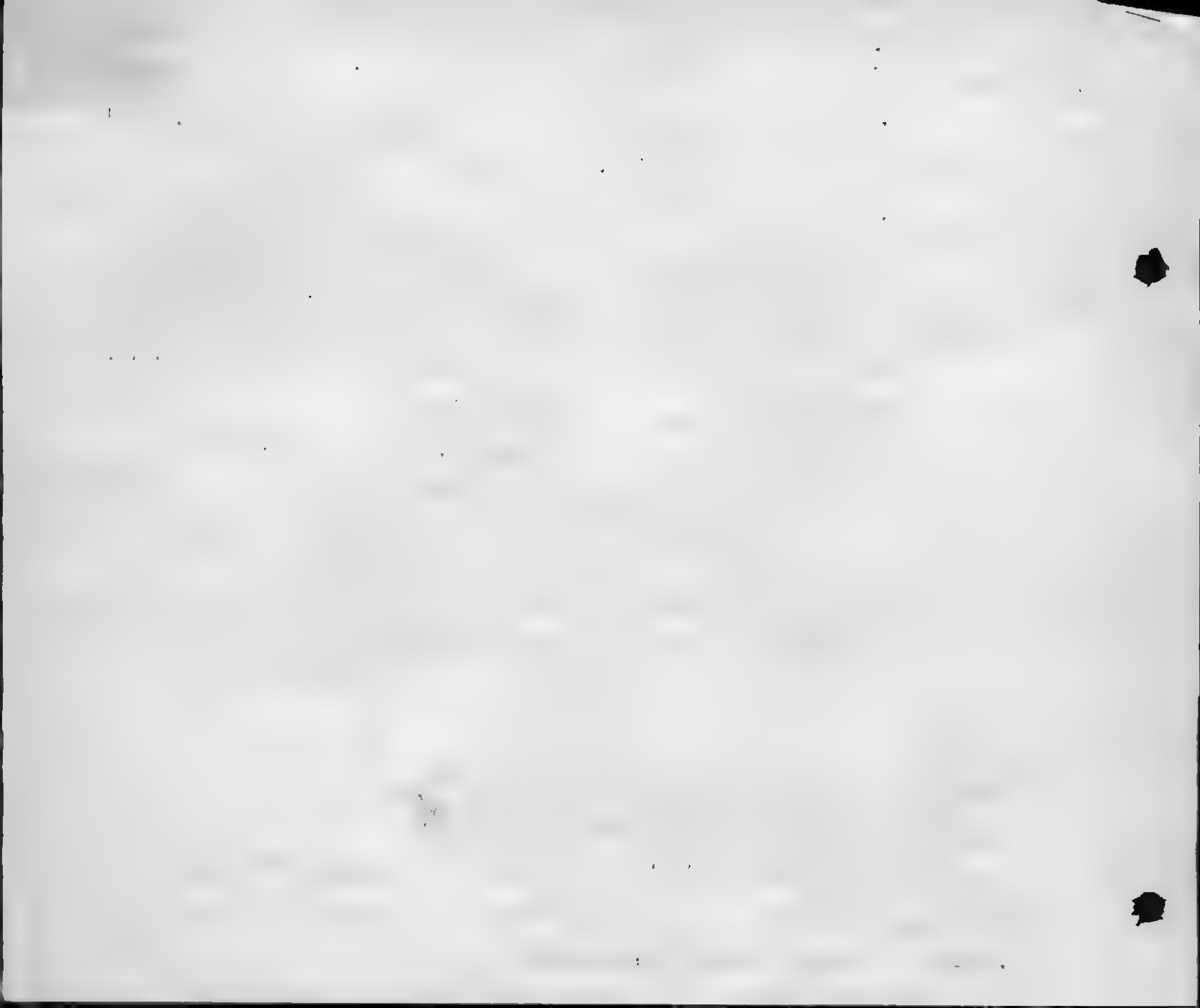


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be filed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15 (4)
15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY St. Mary's MARYLAND b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Leonardtwn c. LENGTH OF STAY IN 1b 14 hrs. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) St. Mary's Hospital		2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission) a. STATE Maryland b. COUNTY St. Mary's c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Abell d. STREET ADDRESS e. 15 RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) William Hosea Sorrell First Middle Last		4. DATE OF DEATH June 30, 1961 Month Day Year	
5. SEX Male 6. COLOR OR RACE Colored		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> 8. DATE OF BIRTH April 4, 1902 9. AGE (In years last birthday) 59 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Handyman		10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Hosea Sorrell		14. MOTHER'S MAIDEN NAME Maria Johnson Address Mrs Pearl T. Sorrell Abell, Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) No		16. SOCIAL SECURITY NO. 17. INFORMANT Mrs Pearl T. Sorrell Abell, Maryland	
18. CAUSE OF DEATH (Enter only one cause and use for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Failure 450.0 DUE TO Conditions, if any, which gave rise to immediate cause (b) Generalized Arteriosclerosis (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Coronary Artery Disease 20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. TIME OF INJURY Month, Day, Year 19 30 June Hour a.m. p.m. 3:00 p.m. 20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/> 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) 21. I certify that (I) (this hospital) attended the deceased from 30 June 1961 to 30 June 1961 , that (I) (we) last saw the deceased alive on 30 June 1961 , and that death occurred at 3:00 p.m. M, from the causes and on the date stated above. 22a. SIGNATURE Ernest Rehm M.D. 22b. PHYSICIAN'S NAME (Type) 22c. ADDRESS Lexington Park, Maryland 22d. DATE SIGNED 2 July 61 22e. MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>			
23a. BURIAL, CREMATION REMOVAL (Specify) Burial		23b. DATE THEREOF 7/4/61	
23c. NAME OF CEMETERY OR CREMATORY Sacred Heart		23d. LOCATION (City, town or county) (State) Bushwood, Maryland	
24. FUNERAL DIRECTOR'S SIGNATURE W. Clarke Mattingley		25a. REC'D BY REGISTRAR JUL 5 '61 25b. REGISTRAR'S SIGNATURE Arthur S. Kraus	



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If delay is necessary, please enclose certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be filed in the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 07171

7182

1. PLACE OF DEATH a. COUNTY <u>St Mary's</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Md</u> b. COUNTY <u>St. Mary's</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Rural Chaptico</u>		c. LENGTH OF STAY IN 1b <u>Life</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Rural Chaptico</u>		e. IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)				d. STREET ADDRESS <u>1</u>			
3. NAME OF DECEASED (Type or print) First <u>J.</u> Middle <u>Parrran</u> Last <u>Vallandigham</u>				4. DATE OF DEATH Month <u>June</u> Day <u>17</u> Year <u>1961</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 29 1913</u>	9. AGE (In years last birthday) <u>47</u> yrs.	IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Store Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Md.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>William L. Vallandigham</u>				14. MOTHER'S MAIDEN NAME <u>Bessie M. Quade</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT <u>Bessie M. Vallandigham Leonardtown</u> Address <u></u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>916.0</u> DUE TO <u>Conflagration burns, massive with CO intoxication</u> Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u></u> DUE TO <u></u> (c) <u></u>							INTERVAL BETWEEN ONSET AND DEATH <u>Md.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u></u>							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Accidental fire</u>					
20c. TIME OF INJURY Month, Day, Year <u>13</u> <u>6</u> <u>17</u> <u>1961</u>	20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <u>home</u>	20f. (City or town) <u>Chaptico, St. Mary's</u>	(County) <u>Md.</u>	(State) <u></u>		
21. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> Inspection <input type="checkbox"/> Inquiry <input type="checkbox"/> and find that death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/> .							
ACTUAL SIGNATURE <u>W. Bradley King, Jr.</u>		M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/>		ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/>		DEPUTY MEDICAL EXAMINER <input type="checkbox"/>	
EXAMINER'S NAME (Type) <u>W. Bradley King, Jr.</u>		DATE SIGNED <u>6/18/61</u>					
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	22b. DATE THEREOF <u>6/20/61</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Sacred Heart Cemetery</u>	22d. LOCATION (City, town, or county) <u>Bushwood, Maryland</u>				
23. FUNERAL DIRECTOR'S SIGNATURE <u>W. Clarke Mattingley</u>			ADDRESS <u>Leonardtown, Maryland</u>		24a. REC'D BY REGISTRAR <u>JUN 20 '61</u>	24b. REGISTRAR'S SIGNATURE <u>Clinton L. Thomas</u>	

MEDICAL CERTIFICATION

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Form No. 10-33

[Faint, mostly illegible text and lines on a medical certificate form. The form includes sections for patient information, medical history, and cause of death.]

[Faint text visible in the form includes:]

NAME: _____

AGE: _____

SEX: _____

DATE OF BIRTH: _____

DATE OF DEATH: _____

PLACE OF DEATH: _____

CAUSE OF DEATH: _____

[The bottom section of the form contains checkboxes and lines for additional medical notes.]

10-33

1
FOR STATE
HEALTH DEPT.

TO DETERMINE MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME
5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH									
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND									
MEDICAL EXAMINER'S CERTIFICATE OF DEATH									
07172									
1. PLACE OF DEATH a. COUNTY St. Marys b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Point Lookout c. LENGTH OF STAY IN 1b MARYLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Rural					2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland b. COUNTY St. Marys c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Ridge d. STREET ADDRESS Rural e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) RONALD TRAVIS VESTAL					4. DATE OF DEATH Month June Day 17 Year 1961				
5. SEX M		6. COLOR OR RACE W		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 6 January 1943		9. AGE (In years last birthday) 18 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Life Guard				10b. KIND OF BUSINESS OR INDUSTRY Hotel		11. BIRTHPLACE (State or foreign country) Philadelphia, Penn.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Alton Leo Vestal					14. MOTHER'S MAIDEN NAME Lois M. Kettner				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no					16. SOCIAL SECURITY NO. 216 40 8583				
17. INFORMANT Warren Bradburn - Ridge, Maryland					Address				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE Conditions, if any, which gave rise to immediate cause (b) SKULL FRACTURE (c) TRAUMA (Hit by Auto) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Interval BETWEEN ONSET AND DEATH 0 0									
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.					20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Month, Day, Year Hour 11:15 P.M. 6/17/61		20d. INJURY OCCURRED While <input type="checkbox"/> at work Not While <input checked="" type="checkbox"/> at work		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) State highway Point Lookout, St. Marys, Md.		20f. (City or town) (County) (State)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>									
ACTUAL SIGNATURE James P. Jarboe					DATE SIGNED 6/18/61				
EXAMINER'S NAME (Type) James P. Jarboe, MD					CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/> Address (Street, city, town, or county)				
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 6/20/61		22c. NAME OF CEMETERY OR CREMATORY St. Michaels Cem.		22d. LOCATION (City, town, or country) Ridge, Maryland		(State)	
23. FUNERAL DIRECTOR P.B. Robinson - Leonardtown, Md.					24a. REC'D BY REGISTRAR JUN 21 '61		24b. REGISTRAR'S SIGNATURE Arthur S. Kneass		

MEDICAL CERTIFICATION

18

2

BP

(M)

(I)

THE BUREAU (NOT BY MAIL)
27.11.44
2nd. 11. 44
C. C. (not by mail)

James H. Jones, Jr.
James H. Jones, Jr.

James H. Jones, Jr.
James H. Jones, Jr.